

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Health Care Financing
HCF 1068G (Rev. 09/01)

STATE OF WISCONSIN



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GENERAL PEDIATRIC CLINIC / 15 MONTH VISIT

(See 2nd page for Anticipatory Guidance for 15-Months)

Completion of this form is voluntary.

Patient Name	Date of Birth	Age	Height	Weight	Today's Date
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Accompanied by	Head Circumference
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Parental Concerns

Rating Habits: Milk _____ oz. / day Diet Behavior at meals

Sleeping

Activities: Quiet and active

Parents' Description of Child's Temperament
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Problems Identified and Reviewed

Physical and Emotional Status

Diet: Pickiness, introducing new foods

Anticipatory Guidance: Obedience, negativism, temper tantrums. Sibling rivalry. Expectations on toilet training and speech. Safety: Climbing, stove, water, poisons, plants, street, lead exposure.

Immunization	Drug Co. and Lot. No.	Expiration Date
DTaP		
MMR		
PCV		

Activity

Adaptability to Exam

Words Spoken

(Cross off parts not examined or not applicable)

Part	N	Abn
Skin: Color, texture, hair, scalp		
Head & Face: Symmetry, AF size ____ cms ____		
Eyes: Pupils, conjunctivae, EOM, red reflex		
Ears & Nose: Canals, tympanic membranes, turbinates		
Nose: Discharge		
Mouth: Gums, tongue, # of teeth ()		
Nodes: Cervical, inguinal		
Lungs		
Heart: Rhythm, S1, S2, murmur		
Abdomen: Contour, masses, hernia		
Genitalia: Vaginal opening, testes () ()		
Extremities: Range of motion, stance		
Neuromuscular: Tone strength, equilibrium, coordination, gait, DTRs		

Describe Abnormal Findings.

Developmental Observations NO* = Not Observed by parents or examiners R. = Reported, O. = Observed			
R.	O.	NO	
			G.M. Walks alone
			Stoops and recovers
			Walks backwards
			Walks up steps with help
			P.M. Scribbles with a pencil
			Makes a tower of 2 cubes
			Lang. Mama & Dada clear & appropriate
			2+ other single words
			Points to a named part of the body
			P.S. Removes a piece of clothing
			Drinks from a cup alone
			Uses spoon with spilling
			Explores by touching new objects
			Comforted by physical contact with parents

Parents' Interactions with child NO* = Not observed Here O. = Observed M = Mother F = Father		
O.	NO*	
		Hovers over child
		Spontaneously identifies positive qualities
		Consoles child when showing reservations of strangers
		Limits activity by verbal command
		Limits activity by physical restraint
		Gives simple, short directions / explanations
		Ignores "temper tantrum"
		Allows child to separate and check back

Other Observations

Development and Parent-Child Interactions
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SIGNATURE – Provider _____ Date Signed _____

Return to clinic in ____ months.

Diet

Pickiness is common. When given other than a favorite food, the child will not eat but will pick at the food and if not allowed to leave until the plate is empty, the meal may take a long time or, more likely at this age, end with a crying child and a plate on the floor. If the child is really hungry, they will eat. With all the snacks children receive, they may not know the feeling of hunger. It will not hurt a child to skip a meal rather than being forced to eat.

Introducing new foods – The ease with which the child accepts new foods depends upon the child's temperament. The one who reacts strongly against anything new will refuse, while the one who accepts new situations easily will eat if hungry. Both extremes should still be offered new foods but not forced to accept it.

Anticipatory Guidance

Negativism – this is usually mild at this stage with a few temper tantrums, which are easily distracted or easily handled by ignoring. It is good to discuss these briefly so that if the child should exhibit any negative behaviors, the parents can react appropriately. Sibling rivalry is usually exhibited by an older sib towards this toddler who is becoming a more demanding person and explores into the territory and belongings of the older child. If there is a newborn, this child is more likely to ignore the baby and demand their usual share of attention. The baby becomes part of the total environment to be explored and conquered. Similarly, a puppy or kitten is not an animal but part of the environment. Rough treatment of a puppy or baby is no different than what the toddler does to the book or ball. Look, touch, bite, sit on and toss away are ways a toddler explores the world.

Obedience

If the child has had limits set for them for the past 3-6 months, they know the parents will prevent some activities. They will continue to test the parents for their consistency but is more likely to obey if this consistency is exhibited.

Expectations on Toilet Training

See "12 Month" Health Supervision

A girl may become interested enough to sit on the toilet at 15 months. A few actually know the signals and will in turn signal to the parent. Most become aware of soiled diapers and want to be changed. These girls may be placed on the toilet if there is regular time for the bowel movement. If the child is dry after a nap, then again, sitting on the toilet may catch the urine. The parents have to know the child's needs and have time to act immediately. Positive reinforcement in the form of praise will lead to repeat performance. Boys are not usually ready for toilet training at this age.

Speech, Labeling

See "12 Month" Health Supervision.

The child should be using the intonations of their language and have several single words. Again, parents have to pick up these words and reinforce the child, each time they say "ma" the mother should respond. Comprehension is ahead of speech and the child can understand short sentences, the meaning of "no" and several directions.

Safety

Do not allow the child to climb up near the stove or touch the stove. The pot handles should be turned in and parents urged to use back burners. All poisons should be out of reach, especially medicines which may have to be locked up as the gross motor skills of climbing continues to improve. If the child goes toward the street, the parents need the emergency "NO" and on reaching the child, they should scold and bodily stop and remove the child from the direction of their travels. This may have to be repeated many times whenever the child is outside. Taking the child to their room may not be interpreted correctly by the child since the street is out of sight and thus out of mind.

MMR – the parents should be aware of the medical and legal reasons for giving these vaccines. The parents do have the ultimate responsibility and choice for their child although the health professional may greatly influence this choice.

Lead Exposure

See 12-Month Form.